NATIONAL INSTITUTES OF HEALTH
WARREN GRANT MAGNUSON CLINICAL CENTER
NURSING DEPARTMENT

Standard of Practice: Care of the Patient Receiving Amphotericin B Deoxycholate, Lipid-Complex Amphotericin (Abelcet), & Liposomal Amphotericin (AmBisome)

Background Information

	Amphotericin B Deoxycholate	Lipid-Complex Amphotericin (Abelcet)	Liposomal Amphotericin (AmBisome)
Primary infusion solution	D5W only	D5W only	D5W only
Flush solution before and after amphotericin administration	D5W only	D5W only	D5W only
Infusion duration	2 to 4 h	2.5 mg/Kg/h (agitate bag every 2 h)	2 h (may decrease to 1h if tolerated)
In-line filter	Not usually used (if used, must be ≥ 1 micron pore size)	No	Not usually used (if used, must be ≥ 1 micron pore size)
Concurrent infusion with fat emulsion	Yes, if separate lumens are used	No	No
WBC Administration (Concerning the administration of WBC's and Amphotericin, Abelcet, & AmBisome, the completion of the one should be separated from the initiation of the other by ≥ 4 hours)	Separate initiation of Ampho by ≥ 4 h	Separate initiation of Ampho by ≥ 4 h	Separate initiation of Ampho by ≥ 4 h
Blood Products other than WBCs (Concerning the administration of blood products other than WBC's and Amphotericin, Abelcet, & AmBisome, the completion of the one should be separated from the initiation of the other by ≥ 2 hours)	Separate initiation of Ampho by ≥ 2 h	Separate initiation of Ampho by ≥ 2 h	Separate initiation of Ampho by ≥ 2 h

I. Assessment

A. Assess patient/family understanding of drug, potential toxicities, and adverse drug reactions
B. Review lab results: BUN, creatinine, potassium, and magnesium
C. Review prescriber orders for any premedications and pre-/post-hydration.

II. Interventions

A. Notify prescriber of any abnormal findings (e.g., vital signs and labs) prior to drug administration
B. Obtain TPR and BP prior to administration of drug and then:
    1. For first dose, q 15 minutes X4 and then q 30 minutes during infusion
    2. For subsequent doses, q 2 hours
C. Maintain records of daily weights and/or intake and output recording for duration of planned therapy (outpatients would more commonly be asked to take and record weights and contact prescribers for deviations from established parameters)
D. Instruct patient to remain on patient care area during drug administration unless accompanied by nurse.
E. Set up suction and oxygen in the area where patient will receive amphotericin.
F. Verify that emergency medications such as epinephrine, diphenhydramine hydrochloride, and hydrocortisone are readily available in the area where patients will receive amphotericin.
G. Prime IV administration set with D5W; attach a 3-way stopcock or "Y-extension" piece
H. Administer pre-medications as ordered
I. In the event of an adverse infusion-related reaction (e.g., fever, rigors, nausea, vomiting, flank pain, hypotension, rash, or pruritus):
    1. Stop infusion for moderate to severe reactions
    2. Maintain patency of IV access
    3. Notify prescriber immediately
    4. Initiate management strategies as ordered
J. In the event of a severe adverse drug reaction (e.g., dyspnea, wheezing, swelling of the tongue, or throat):
    1. Initiate interventions described above in section II., J.
    2. Initiate oxygen therapy as appropriate
    3. STAT page prescriber or activate the Clinical Center Emergency Response Team

III. Documentation

A. Document in MIS or on approved medical record form:
    1. Medication administration & patient response
    2. Assessment and interventions
    3. Adverse reactions and interventions
    4. Patient and family/significant other teaching

IV. References:

A. American Hospital Formulary Services, Drug Information, 2001, Bethesda, MD.: American Society of Hospital Pharmacists.

Approved:

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